

Provider Inspection Summary
For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Facility Information

Facility Name: EAGLE HOUSE (310369)

Address: 807 53RD DR, UNION GROVE, WI 53182

License Status: REGULAR

Licensed/Certified/Registered 11/01/1996

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096468 **End Date:** 02/27/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093988 **End Date:** 01/11/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009059 Served 01/27/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)(a)	RIGHTS OF RESIDENTS-LEGAL RIGHTS	12/06/2005	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	12/06/2005	Yes

Survey ID: 0092769 **End Date:** 05/27/2004 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008716 Served 06/21/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(1)(a)2	BEDROOMS ENCLOSED BY WALLS AND DOORS	01/11/2005	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	01/11/2005	Yes
83.41(10)(f)	YARD AND SIDEWALK IN SAFE CONDITION	01/11/2005	Yes

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Enforcement History

Date: 01/26/2005 **SOD #**10009059 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.21(4)(u)

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Provider Inspection Summary

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Complaint History

Date Complaint Received: 07/12/2005

Date Investigation Completed: 02/27/2006

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

Date Complaint Received: 10/28/2004

Date Investigation Completed: 01/11/2005

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

10009059

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

NUTRITION & FOOD SERVICES

SUBSTANTIATED

NN

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